Victoria General Hospital

ANNUAL REPORT

1990

91-05615/

STATEMENT OF MISSION

Our mission is
to sustain
a caring and
compassionate
hospital community,
united in its
dedication to
excellence
in patient care,
education and
research.

Cover Photograph

Patient Marion Walburne (right),
with Nurse Rhonda Richards.
See story on page 11

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Quality • Integrity • Compassion • Accountability

EXECUTIVE MESSAGE

1989-1990

It is our privilege to present this report of the Victoria General Hospital's activities over the past year.

The most significant event of the year has been our initial steps towards self-governance. The Victoria General Hospital is unique amongst major teaching and referral hospitals in Canada in its status as a department of the provincial government. Self-governance will sever the relationships with all government departments except the Department of Health and Fitness. The removal of a second layer of bureaucracy should enable the Hospital to react more efficiently to the rapidly changing demands of modern health care and technology.

To meet these demands, the Board of Commissioners approved a reorganization of the organizational structure by which all hospital activities will be focused into four areas—Hospital Operations, Hospital Resources, Patient Care Services and Medical Services, each under the direction of a vice president. We are delighted to welcome Dr. David McCutcheon as Vice President, Medical Services. His background of 13 years of medical practice followed by formal training and experience in health care management has provided him with the skills that are required to carry out the duties of this important position. The three other vice presidents will be appointed in the forthcoming year.

The reorganization also recognizes the importance of other activities within the hospital. The need for a comprehensive strategic planning process led to the establishment of a Division of Planning and Evaluation and an increased emphasis has been placed upon the enhancement of research activities within the hospital.

The Board of Commissioners faced many important issues during the year. Its Planning Committee has been reconstituted and has accepted the challenge of producing a strategic plan that will provide direction for our responsibilities in patient care, education and research for the subsequent five years. One of the most difficult issues that the Board faced was a proposal to embark on a clinical trial of transplanting fetal tissue for treatment of advanced Parkinson's Disease in those patients in whom conventional treatment is no longer effective. The decision to approve this trial was made after more than a year of deliberation, following advice from the hospital's Ethics Committee and the Ethics Consultation Service as well as critical assessment of the proposal by internationally recognized experts in the fields of neurosciences and medical ethics.

In our previous report, we noted the difficulties the hospital faced in terms of funding and the aging physical plant. We are pleased to note success in our attempts to solve some of these problems. A series of appeals to the Department of Health and Fitness resulted in increases in the budget allocation to several areas, and the first phase of upgrading the physical facilities began with the renovation of the fifth floor of the Centennial Wing which should be completed early in 1991. Our ability to monitor and manage the financial affairs of the hospital will be enhanced by the acquisition of a new Financial Information System; its installation has begun, with the first of its many functions expected to be in operation early in 1991.

The Victoria General Hospital Foundation continues to provide support for essential hospital activities. The foundation plans to complete its public appeal for funds to finance the Magnetic Resonance Imaging equipment within the next few months. It will then turn its attention to other areas that are in urgent need of financial support. We are truly appreciative of the efforts of the foundation and of the public who have generously supported its activities.

The hospital is also fortunate in its committed body of volunteers. Approximately 500 volunteers have undergone a rigorous selection and training process and, during the past year, provided 40,000 hours of unpaid service. Their efforts enable the regular staff to spend more time on their professional activities, provide an additional human touch to the care that we provide, and now represent an essential part of our patient care service.

Although much of our report focuses on programs, facilities and equipment, our most valuable resource continues to be the people who work in the hospital and provide service to patients from the entire Atlantic region. The prospect of change generates excitement but also raises doubts and fears concerning the future. Despite such justified apprehension, the hospital staff has been overwhelmingly supportive of the need to change and of the steps that are being taken to accomplish it. For this we extend our sincere thanks.

It is impossible to identify all of those who have contributed to our achievement during the past year. It would be remiss, however, not to mention the contributions of two members of the senior management team who retired during this year. Dr. Vanora Haldane has been associated with the Victoria General Hospital since 1965, most recently as its Medical Director. Miss Joan Stewart retired as the Director of the Division of Special Services after 33 years of exemplary service to the hospital. We will miss both of these leaders, and wish them well in their retirement.

As an expression of their appreciation for the support of the hospital staff, the Board of Commissioners allocated funds for the purchase and renovation of a building adjacent to the hospital which, when completed, will serve as the Victoria General Hospital Child Care Centre.

In conclusion, although this has been a year in which many changes have begun, we believe that our role in the health care system of the Atlantic region is being defined more precisely, and the changes that will occur over the next few years will confirm the Victoria General Hospital's role as the leader in the provision of adult health care throughout the region.

Wayne Paterson
Chairman, Board of Commissioners

Bernard W. D. Badley, M.D., F.R.C.P. (c)
President and Chief Executive Officer

LEFT, DR. BERNARD BADLEY, PRESIDENT AND CEO

RIGHT, WAYNE PATERSON, CHAIRMAN

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MEDICAL SERVICES

CLINICAL DEPARTMENTS

Anesthesia

Diagnostic Radiology

Emergency Medicine

Gynecology

Medicine

Microbiology

Neurosurgery

Oral and Maxillofacial Surgery

Pathology

Psychiatry

Radiation Oncology

Surgery

Urology

SUPPORT DEPARTMENTS

Admission and Discharge

Infection Control

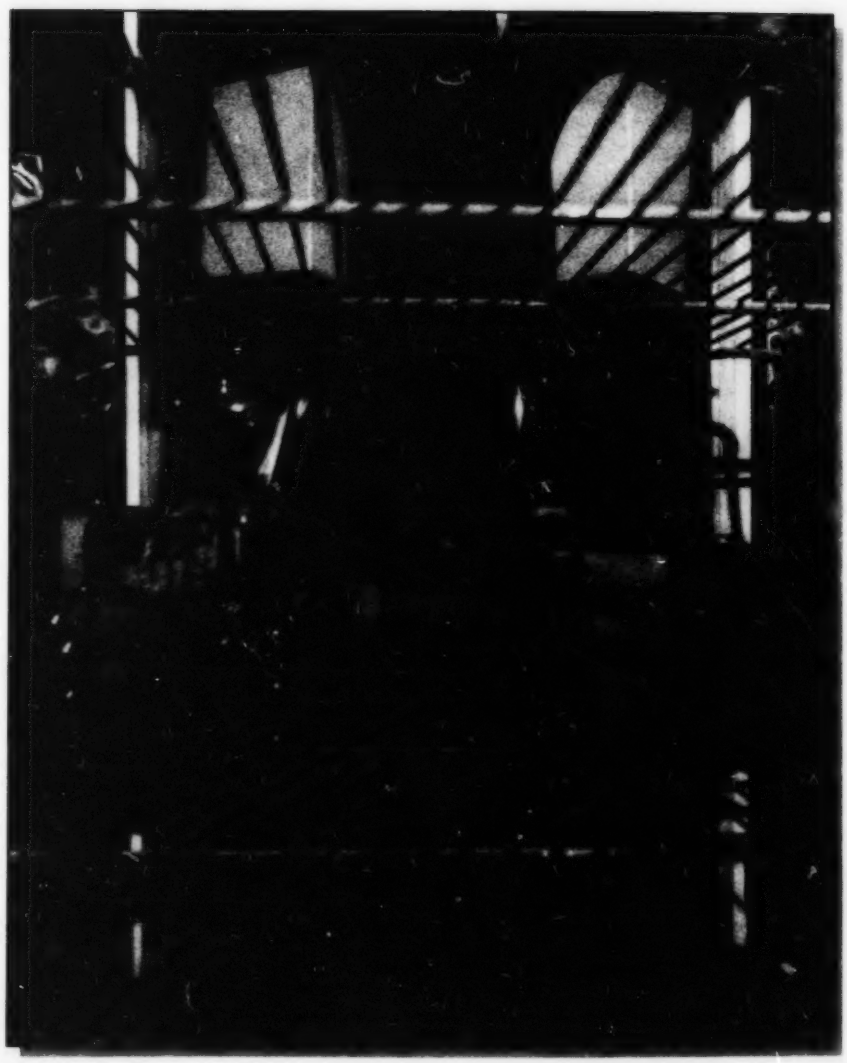
Medical Records

Multi-Organ Transplantation

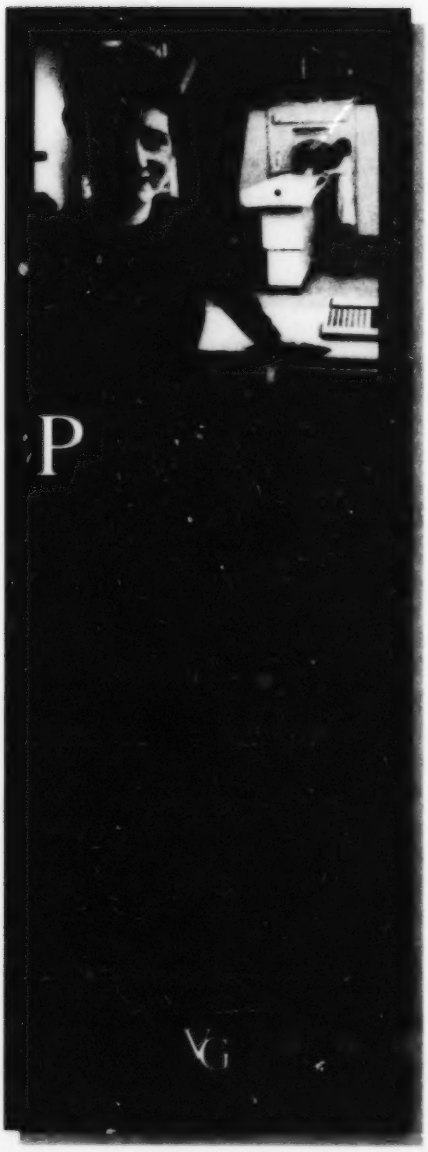
Operating Rooms

Program Development

Quality Assurance and Risk Management



VALERIE LONGOBARDI
TECHNOLOGIST, BLOOD BANK



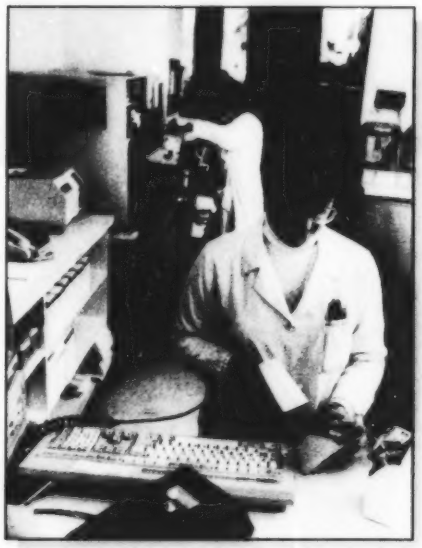
Medical Services has begun a new era as part of the hospital's move to self-governance. In meeting the demands of a changing administration and overall restraint, the VG has proven itself to be efficient and responsible. The quality of patient care has remained high and academic output by medical staff is consistently recognized nationally and internationally.

Bed closures were kept to a minimum despite a major renovation program in the Centennial Building, which shut down 7.5 per cent of the hospital's beds.

The hospital began the groundwork to create Atlantic Canada's first dedicated clinical research facility.

In its first year of operation, the Magnetic Resonance Imager (MRI) helped patients in the region by bringing the latest in diagnostic technology close to home. The detailed images it creates for clinical research promise to improve the future health of patients.

The Prince Edward Island Hospital and Health Services Commission set up an office in the VG in August 1989 to facilitate transfers between Halifax and PEI hospitals and to arrange support care plans for PEI patients.



JUDY PARK (FRONT), LORNA LANDRIDGE, TECHNOLOGISTS, BLOOD BANK

The Royal College of Physicians approved training programs for the subspecialties of reproductive endocrinology and gynecologic oncology in the Department of Gynecology. The department recently added a surgical microscope to complement its reproductive surgical techniques. The Department of Urology gained a specialist in male infertility.

The Department of Oral and Maxillofacial Surgery continued its research partnership with members of the Department of Engineering at Dalhousie University in the area of jaw biomechanics.

The Multi-Organ Transplant Program welcomed its first Transplant Fellow in September 1989.

The Department of Neurosurgery performed a total of 887 major procedures, an increase of 12 per cent from the previous year, and reduced the average patient stay by more than 20 per cent.

The Department of Emergency Medicine has continued to enhance the care given to patients before their arrival at hospital, including the introduction of interventional drugs for cardiac patients. Ambulance crews are currently being trained in airway management and pre-hospital defibrillation in cases of heart attack.

In the labs, Clinical Chemistry is now outfitted with new instrumentation to run routine blood tests including the levels of sugars and blood gases. Hematology purchased a new automated cell counter and the computer system at the Blood Bank was updated. A common specimen receiving area was created for the six different processing sections of the Department of Microbiology, improving service and extending the department's receiving hours.

A program of focused screening was introduced in the Department of Pathology to reduce unnecessary testing. The labs began special DNA testing for breast cancer and leukemia.

The Department of Radiology Oncology restructured its activities into 12 specific tumor site groups. Treatment and research in the department is now multi-disciplinary, taking into account the contribution of medical and surgical oncology when planning radiotherapy treatment. Infection Control completed the revision of its basic manual for the hospital and Medical Records began using a new express dictating system to transcribe discharge summaries and operative reports.

The clinical activity in Cardiology continues to increase, especially the number of coronary angioplasty procedures, a process that reduces blockage in the blood vessels. The Cardiac Electrodiagnostic Unit also saw steady growth in its ambulatory monitoring, stress testing, and pacemaker follow-up labs.

The Hematology/Medical Oncology Service was reorganized into one 24-bed unit that will provide high-quality care in a centralized area.

The Infectious Disease Service received approval and funding to establish a provincial health care program for AIDS. Members of the division published 30 abstracts, seven of which were presented at the Fifth International Conference on AIDS in Montreal in June 1989.

The Renal Dialysis Program prepared for its move to the Dr. R.C. Dickson Ambulatory Care Centre scheduled for the summer of 1990. The new quarters will bring together all the dialysis services including home training, self-care, and peritoneal dialysis.

The Neurology Department began using new EEG-telemetry equipment that combines an electroencephalogram with video tape and camera, allowing an in-depth investigation of patients with epilepsy.

In its report on the VG, the Canadian Council on Health Facilities Accreditation said the VG had the "best respiratory preventative maintenance program in the country."

Members of the Rheumatology Service are involved in several research projects, including a study of neuropsychiatric disease in patients with lupus and, in collaboration with Occupational Therapy and other VG departments, a study to see how effective measuring a handgrip can be in determining the progress of patients with rheumatoid arthritis.

GARTH DALTON, PATIENT
DR. C.W. McCORMICK, NEUROLOGIST
DR. FARSHAD SEPANDJ, RESIDENT
DR. SULTAN DARVESH, RESIDENT

NURSING SERVICES

Critical Care Nursing

Medical Nursing

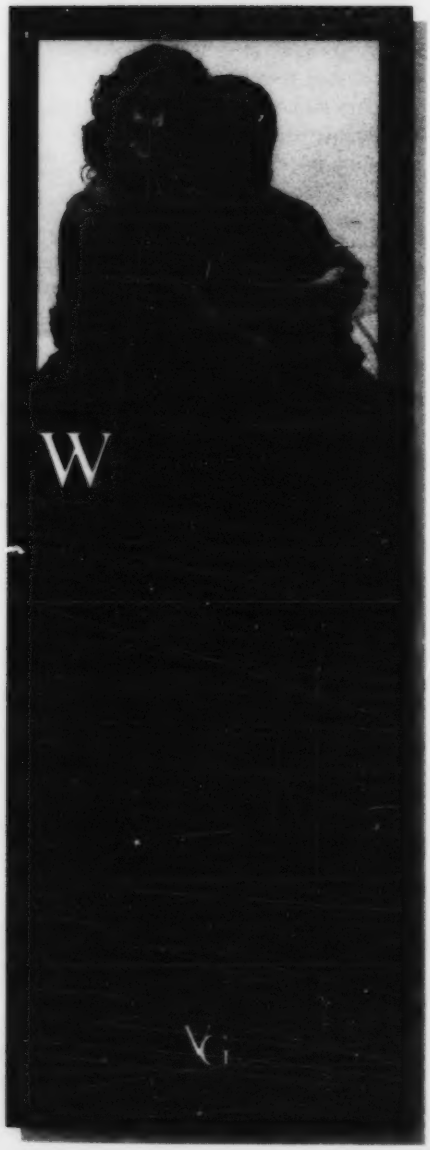
Nursing Administration

Nursing Practice Development

Specialty Nursing

Surgical Nursing

PAT WILLIAMSON, PATIENT
DR. PETER ROY, SURGEON
CAROLE PARK, NURSE



The VG is a challenging and rewarding place in which to work, and nowhere is this more evident than in the Nursing Division. Despite a national shortage of nurses, the hospital has managed to recruit enough nursing personnel to care for our patients.

The greatest shortage of nurses was in the field of critical care. While there was strong competition for nursing personnel in this area across North America, the VG was not seriously affected.

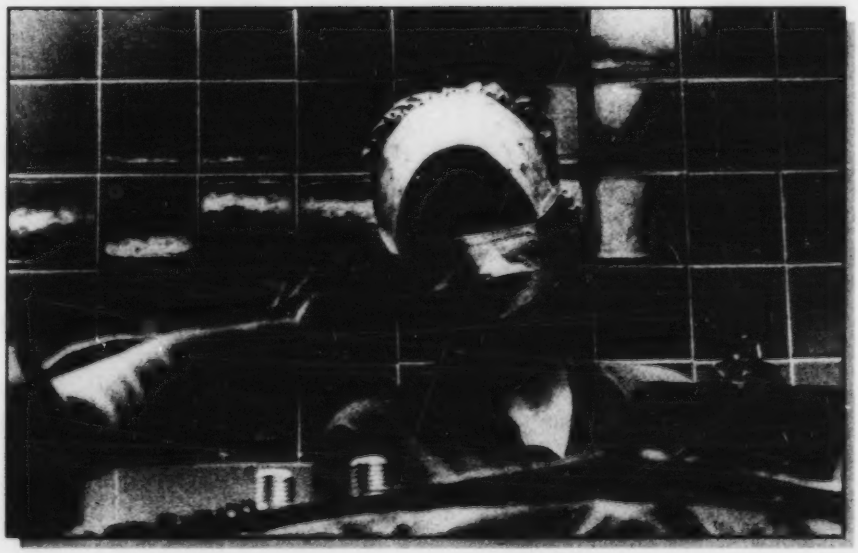
Building on its strengths, the division created a major recruitment program that included a comprehensive promotional package and display and involved staff nurses in recruitment activities.

The organization and utilization of nursing staff continued to progress at the hospital with results that are noticeable from the bedside and throughout the VG.

A group of nursing staff looked at what role nursing staff plays in our Ambulatory Care Centre. The recommendations will enhance the part nurses take in the many services and procedures offered in the ACC.

At the nursing unit level, the VG offered more flexibility and new opportunities for staff by creating the Unit Resource Nurse. Many units were assigned a full or part-time nurse dedicated to assisting the head nurse and staff. The unit resource nurse serves as a role model in the pursuit of education and dedication to the goals of the unit. Each nursing unit defines the role its resource nurse should play to enhance patient care.

The division's hospice program, which is a leading force in the hospice movement across the province, began to create closer links with the Palliative Care Unit at the Halifax Infirmary and the Cancer Treatment and Research Foundation.



CATHY HAMBLETON, O R NURSE, PERIOPERATIVE

The infectious disease service on 8A continued to care for AIDS patients and lead the way in the education of health care professionals and the public about the HI virus. In April 1989, the unit opened an intravenous therapy out-patient room that handled 423 patient visits. Nurses on 8A also implemented a successful home intravenous antibiotic program for their patients, making treatment more convenient for patients and freeing a bed.

Under the coordination of the Respiratory Clinical Nurse Specialist, a long-term ventilator-dependent patient was discharged to his home. This was the first patient to be discharged on the Home Ventilator Pilot Program.

The nursing staff of 8B are taking part in a new management project that may become a model for future specialized programs in the hospital. The Hematology/Oncology Program includes inpatient services, outpatient chemotherapy services, the hematology clinic, hereditary bleeding disorder clinic, iron overload therapy, and the proposed autologous bone marrow transplantation unit.

Nursing Division continues to support patient education in all areas and in partnership with other members of the VG health team. Nurses supply written guidelines, publish patient education materials and help with support groups for many specialties including gynecology/oncology, nephrology and the Burn Unit.

Through in-house training with the VG's Nursing Practice and Development staff, and in national and international programs, the nursing staff keeps pace with increasing specialization and new technology.

Two VG head nurses will return next year from training in Ontario and the United States as clinical nursing specialists in oncology and infectious diseases.

Looking ahead, the division expects the number and importance of VG nurse specialists to expand as the skills and expertise of the nursing staff continue to advance.

BARBARA THOMAS, PATIENT (DIETETICS STAFF)
GLORIA SCOTT, OCCUPATIONAL HEALTH NURSE

SPECIAL SERVICES

Dietetics

Occupational Therapy

Pastoral Care

Patient Representative

Pharmacy

Physiotherapy

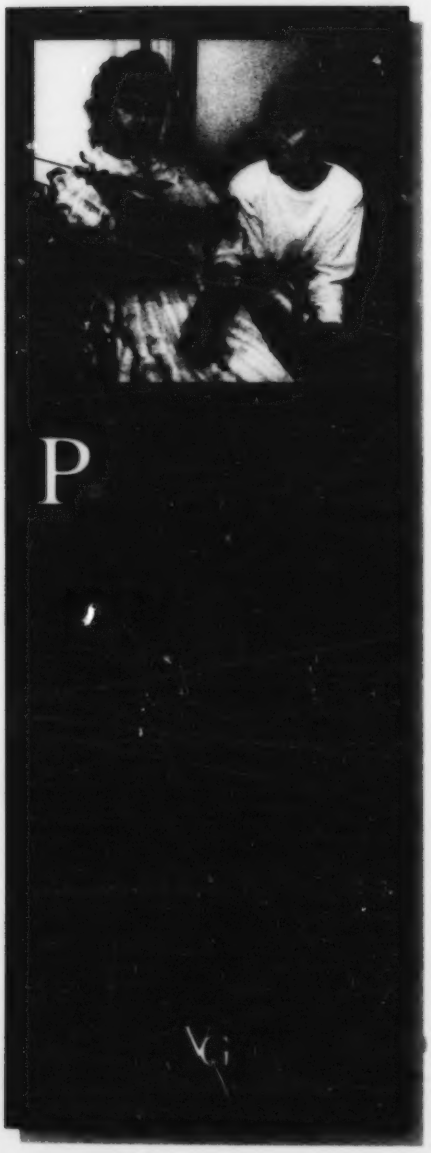
Psychology

Social Work

Volunteer Services

**CLAIRE DURLING,
VOLUNTEER COORDINATOR,
HOBBY TROLLEY CRAFT PROGRAM**

**ALPHONSINE SAULNIER,
PATIENT**



Special Services is a diverse collection of professional departments that contribute to almost every part of patient care at the VG. As a group, they share a commitment to professional standards and excellence within individual fields.

Special Services shares with Nursing and Medical Services the job of caring directly for patients and provides a hands-on classroom for both post-high school and post-baccalaureate students at the VG.

In addition to working with other hospital divisions, the departments in Special Services monitor and incorporate the trends and innovations found in their specialty fields to enrich and enhance their roles at the VG.

Pharmacy is moving towards a decentralized service to prepare doses of patient medication. As part of this pilot project, a clinical pharmacist has joined the cardiology service, working with physicians, nurses, patients and other hospital staff to monitor drug therapy, provide information for each specific patient, and teach pharmacy students and staff.

The Department of Social Work has increased its comprehensive services hospital-wide by expanding programs in the Therapeutic Abortion Unit and the Burn Unit.

Dietetics began to plan for the addition of an innovative cooling and re-heating process to supply the neighbouring Nova Scotia Rehabilitation Centre with meals. The "Cook-Chill" program will simplify the addition of Rehab patients to the department's clientele.

Clinical dietitians continued to contribute to health care standards by revising their diet manual, which is used by health care facilities province-wide.

PATRICE GALLANT (FRONT) AND KELLY SANDERSON TECHNICIANS, PHARMACY

The food service introduced General Dogger's, a vending operation run by Dietetics that offers hot dogs and ice cream on the VG grounds during the summer months.

There are also plans to share computer hardware with Camp Hill Medical Centre to manage the hospitals' food services and pharmacy systems more efficiently.

Volunteer Services and the Patient Representative continued to balance the increasingly complex technology in the hospital environment with human concern and attention. Volunteers logged 40,000 hours in 20 programs and support groups, providing services ranging from feeding and the book cart to helping day surgery patients get to and from appointments. The Patient Representative continues to help keep patients and their families aware and informed and to resolve any potential problems during their stay at the VG.

Physiotherapy took part in an international study to review the treatment of back patients after surgery. Once the results have been returned recommendations for a new program at the VG will be available.

Occupational Therapy has found that putting splints on patients while they are still in the operating room can shorten the length of stay in hospital. The splints give patients more freedom than casts, but they still restrain movement enough to protect the repairs made in surgery.

Pastoral Care has been developing a stronger sense of community and cooperation between hospital staff and church officials through the hospital's Pastoral Care Advisory Committee. A pilot project will see a pastoral care assignment to the Hematology/Oncology program on 8B after a one-year trial period.

The staff of the Psychology Department has been strengthened with the addition of two specialists in clinical neuropsychology — the assessment and treatment of behavioural disorders associated with the central nervous system.

LIA McNEIL,
DIETARY AIDE

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EDUCATIONAL SERVICES

SCHOOL OF NURSING AND
POST RN SHORT COURSES

SCHOOLS OF ALLIED HEALTH

Cytotechnology

Radiological Technology

Respiratory Therapy

Nuclear Medicine

Medical Ultrasound

On-the-Job Technician Training

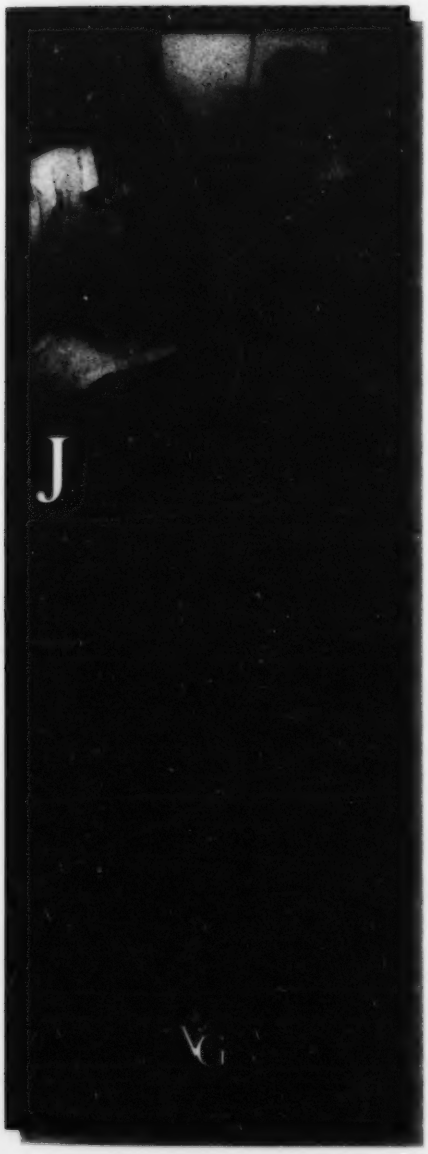
MANAGEMENT DEVELOPMENT AND TRAINING

HEALTH SCIENCES LIBRARY

AFFILIATE PROGRAMS

LIFE SUPPORT TRAINING PROGRAMS

JOAN PYKE, LIBRARY CLERK, ASSISTS A LIBRARY USER



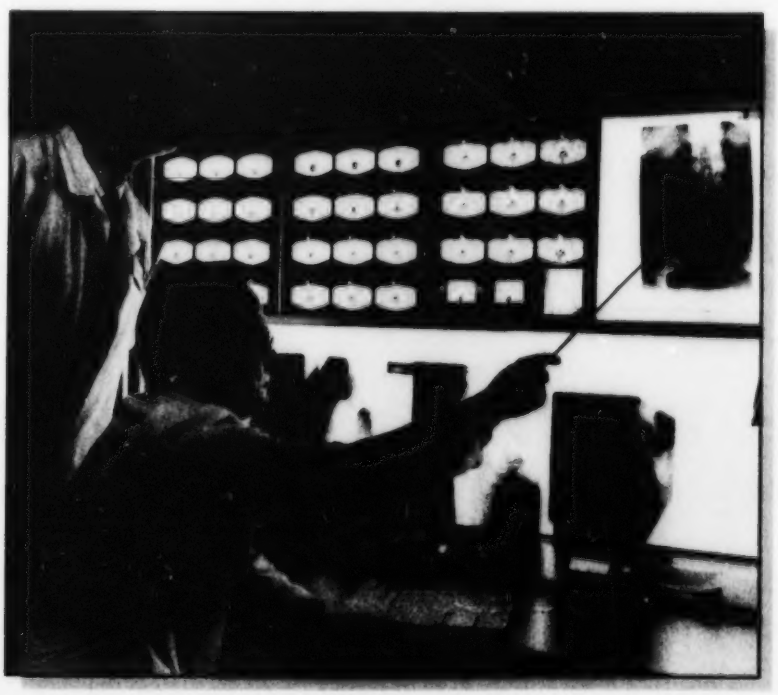
The VG has a special role to play as the major teaching hospital in the region. For the Educational Services Division, the hospital is a gigantic classroom and more, serving as a training ground for staff, students in our health care professions, and learners from universities and colleges in the region.

In 1989-90, 228 students participated in the nine programs offered through our Allied Health Schools and the School of Nursing, and 814 learners from other hospitals, universities, and colleges came to the VG for clinical training. More and more VG staff are taking advantage of the programs offered by the Departments of Management Development and Training and Life Support Training, boosting the number of participants by 60 per cent. In-house programs attracted 2,943 staff members.

A new approach to cardiopulmonary resuscitation (CPR) for nurses has begun, made up of a self-study component and a shortened, on-duty session for practice and testing. In the first year of the program, 400 nursing staff will be trained and organizers hope this approach will provide a successful and more cost-efficient program to keep resuscitation skills up to date.

Three sessions of the Critical Care Nursing Program were filled this year after the program's administrators revised their recruitment and selection strategies.

The revised Level 1 Critical Care Program received a three-year accreditation award from the Registered Nurses Association of Nova Scotia, making it the first Nova Scotia short-term clinical program to receive the award.



DR. M. MacMILLAN, (LEFT)
DR. A. D. MacKEEN
RADIOLOGISTS

In response to the provincial shortage of operating room nurses, the Division started a project to discover what skills operating rooms across Nova Scotia want to see in a beginning nurse.

For the first time in its 100-year history, the School of Nursing at the VG did not fill its quota of new students because not enough qualified candidates applied. The School's experience follows the pattern found in diploma nursing programs across Canada.

The School of Nursing Centennial Celebration planned for June 1990 is getting an enthusiastic response from alumni with over 500 participants pre-registered for the three-day event.

The VG School of Nursing is planning for future collaboration with the Dalhousie School of Nursing, mapping out a new partnership between the two schools to prepare for the changes in educational qualifications for nurses starting in 2001.

The hospital has requested that Dalhousie University and St. Francis Xavier University Schools of Nursing consider the Critical Care Nursing Program as a credit toward their Bachelor of Nursing degree programs.

The School of Diagnostic Medical Ultrasound Technology marked a first in the Atlantic provinces by offering a 12-month program in sonography. When the program development is completed, the new post-diploma course will apply for Canadian Medical Association (CMA) Accreditation for the 1991-92 school year.

As it marked its 25th anniversary this year, and its largest graduating class ever, the School of Respiratory Therapy was awarded five-year accreditation by the CMA, and received several commendations.

Getting information from health-related journals became easier when the VG's Health Services Library acquired a new computer search service on compact disk, providing free service from two international data bases.

DR. S. COUBAN

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ADMINISTRATIVE SERVICES

Finance

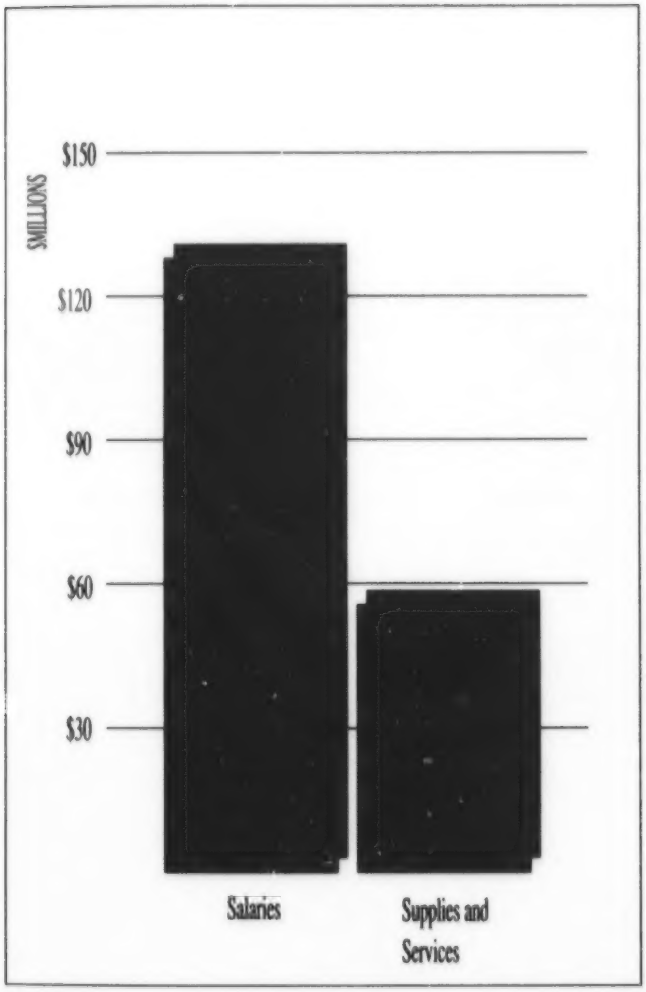
Management Engineering

Operations

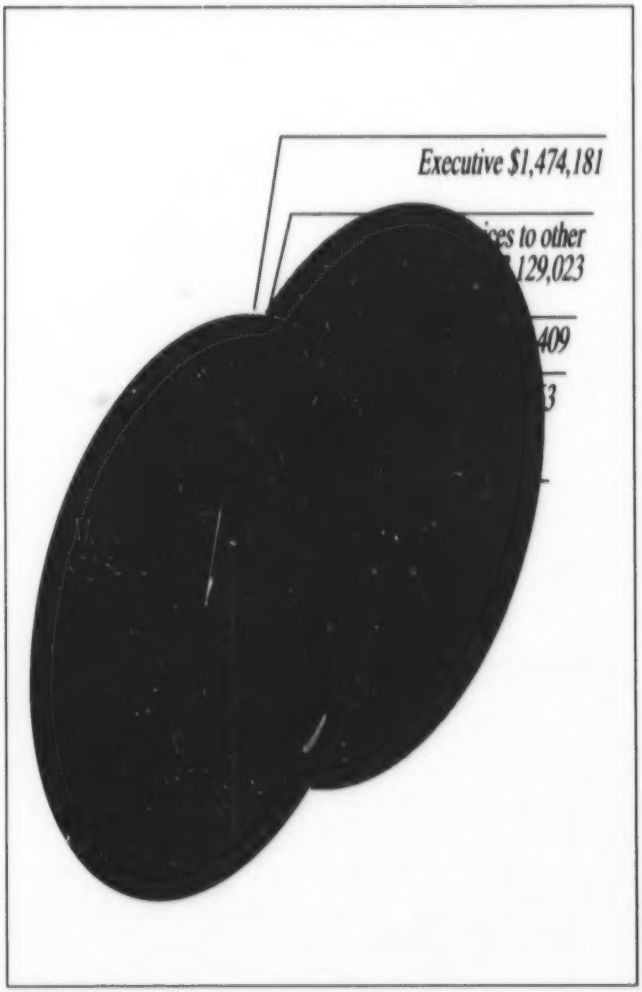
Personnel

**GWEN CUVELIER,
COMMUNICATIONS**

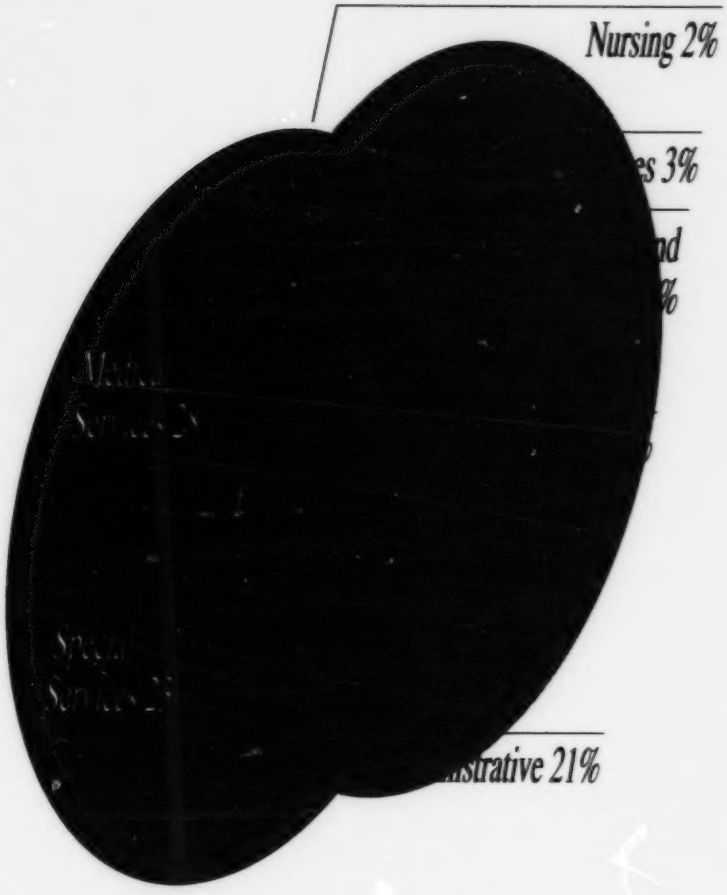
BREAKDOWN OF 1989-90 EXPENSES BY TYPE



BREAKDOWN OF 1989-90 EXPENSES BY DIVISION



VOLUME OF INDUSTRIAL ENGINEERING SERVICES PROVIDED BY DIVISION



Within the Department of Management Engineering, Industrial Engineering provides the specialized skills and services required by hospital management and staff to promote the most effective and efficient use of resources throughout the hospital.

As part of that mission, the division devised a work record system for the Gastrointestinal unit to help in future hiring plans. The department also developed costs for each test carried out in Diagnostic Radiology for internal use and designed an inventory management system for the Cardiac Catheterization Lab to enable it to better manage stock ordering policies.

The services of Industrial Engineering include: workload measurement and workload analysis, technology impact assessment, inventory analysis, data analysis, costing, design of material handling systems.

MAINTAINING AND OPERATING THE VG

The Plant Engineering Department of Operations is responsible for maintaining and operating all buildings. The nine buildings that make up the VG complex cover 13.3 acres and have a combined floor space of 1,432,000 square feet.

Each year the hospital uses:

167,300,000 gallons of water (which would supply 2,311 homes);

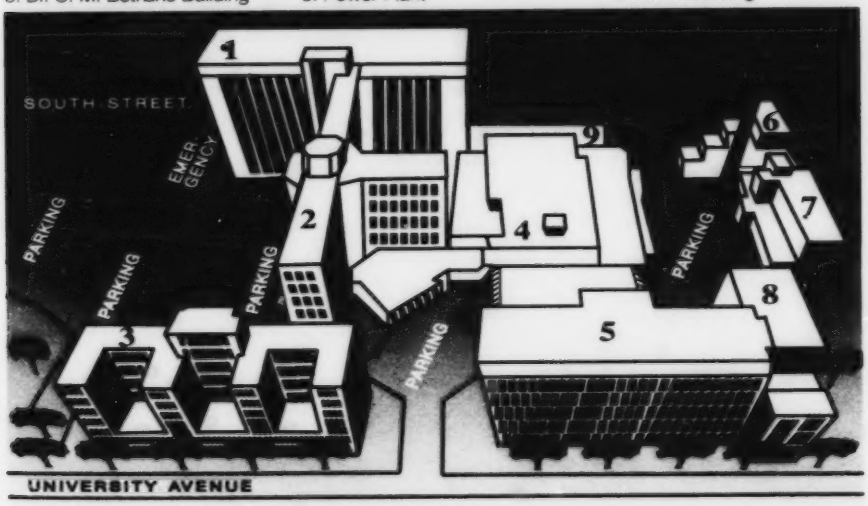
22,220,000 kilowatts of electricity (which would service 3,112 homes);

3,210,000 gallons of fuel (enough to heat 3,049 homes).

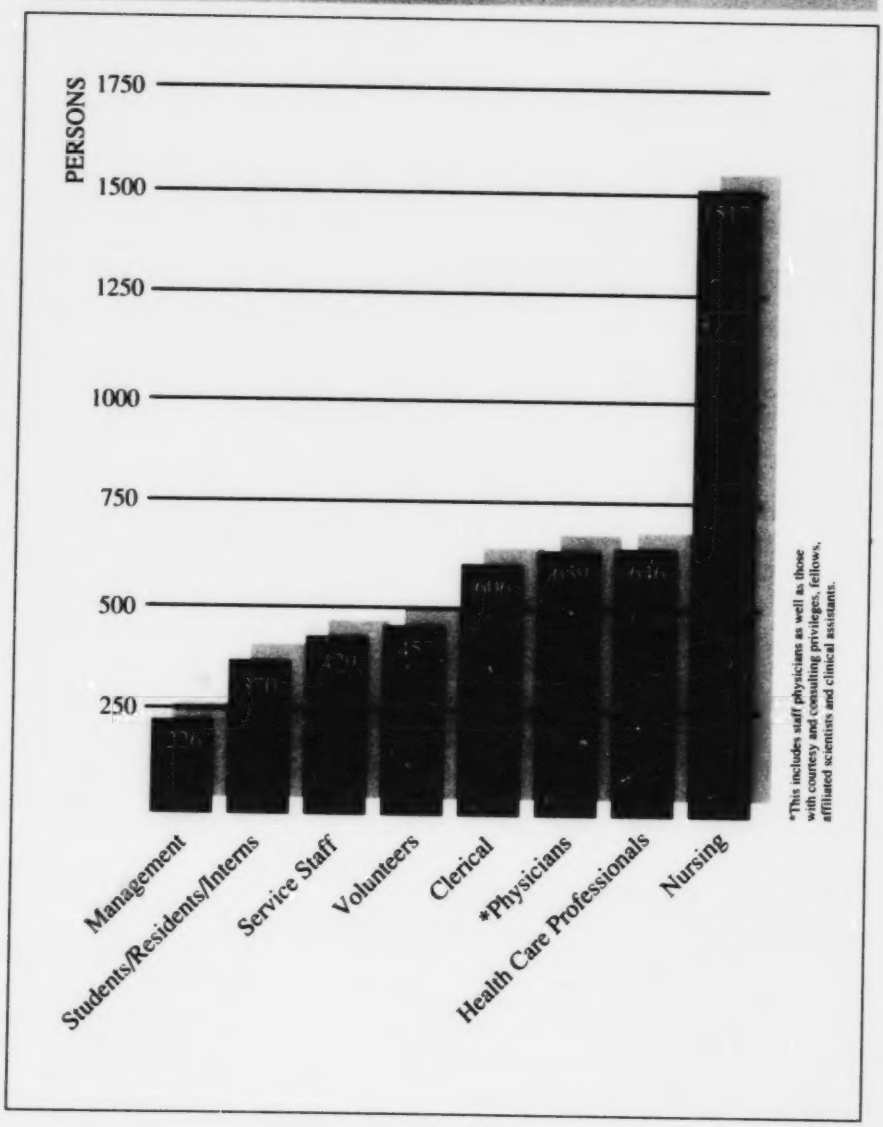
The 438,140,000 pounds of steam the VG plant produces each year heats the VG complex, the Rehabilitation Centre, the Izaak Walton Killam Children's Hospital, the School for the Visually Impaired and will supply the new Grace Maternity Hospital when it opens in early 1992.

FROM LEFT: BRIAN MASON AND PATRICK CLARKE, TECHNOLOGISTS, BIO-MEDICAL ENGINEERING

1. Centennial Building
2. Victoria Building
3. Dr. C. M. Bethune Building
4. Dr. R. C. Dickson Building
5. D. J. MacKenzie Building
6. Power Plant
7. Laundry Building
8. West Annex
9. M R I Building



VG PEOPLE AT A GLANCE



LUNCH HOUR IN THE VG'S LARGEST CAFETERIA, SCOTIA ROOM

STATISTICAL PROFILE

	1987/88	1988/89	1989/90
Number of Beds	806	806	805
Occupancy Rate	85.5%	85.2%	86.5%
Number of Admissions	22,281	23,134	23,240
Average Daily Census	675	674	657
Average Stay (Days)	10.9	10.6	10.2
Emergency Visits	41,869	43,753	45,720
Outpatient Visits	73,436	70,958	72,994
Surgical Procedures	24,623	24,665	24,551
Full-time Employees	3,119	3,136	3,169
Operating Budget	$145,123,468	$155,836,644	$177,464,431

MANAGEMENT TEAM

Dr. B. W. D. Badley	**President and CEO**
Administrative Services	
R. Buckley	Director, Personnel
J. Theriault	Director, Operations
W. Marsh	Director, Planning & Evaluation
B. Shorter	Director, Management Engineering
R. Underhill	Interim Chief Financial Officer
C. Hansen	Director, Public Relations
Educational Services	
J. Magee	Director, Educational Services
P. Reid	Director, School of Nursing and Post RN Short Courses
F. Bell	Director, Management Development and Training
M. Barrett-Banks	Director, Schools of Allied Health
Medical Services	
Dr. D. McCutcheon	Vice-president, Medical Services
P. Ponsford	Divisional Chief Technologist, Anatomical Pathology
G. Digout	Divisional Chief Technologist, Microbiology
T. Godin	Head Technologist, Blood Bank, Hematology
M. Comeau	Divisional Chief Technologist, Clinical Chemistry
L. Bowman	Manager, Diagnostic Radiology
B. Francis	Coordinator, Operating Rooms
P. Gillis	Administrative Coordinator, Surgical
F. Boutilier	Administrative Coordinator, Medical
A. MacIntosh	Director, Quality Assurance and Risk Management
R. Billard	Manager, Medical Records
J. Toogood	Administrative Coordinator, Emergency
N. Josey	Acting Manager, Admitting and Discharge
R. Manuel	Coordinator, Program Development
Nursing Services	
M. Grantham	Director, Nursing Services
R. Sutherland	Director, Surgical Nursing
M. Gurnham	Acting Director, Critical Care Nursing
E. Carter	Director, Medical Nursing

D. Murphy	Acting Director, Specialty Nursing
H. Dares	Director, Nursing Administration
D. MacMaster	Acting Director, Nursing Practice Development

Special Services

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A. Kempton	Coordinator, Pastoral Care
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E. Givner	Patient Representative
M. MacIsaac	Administrative Assistant

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Dr. D.B. Fraser	Diagnostic Radiology
Dr. M. Murphy (Acting)	Emergency Medicine
Dr. R.C. Fraser	Gynecology
Dr. S.G. Carruthers	Medicine
Dr. K. Forward	Microbiology
Dr. R.O. Holness	Neurosurgery
Dr. D.S. Precious	Oral & Maxillofacial Surgery
Dr. M.A. MacAulay	Pathology
Dr. K.P. Standage (Acting)	Psychiatry
Dr. P. Fitzpatrick	Radiation Oncology
Dr. A.J. Bodurtha	Surgery
Dr. S.A. Awad	Urology
Dr. B.L. Reid (Acting)	Family Medicine
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